SEP 08 2005 HE

1,20

09-09-05

EXPRESS MAIL NO. EV530944722US

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	09/685,830
Filing Date	October 9, 2000
First Named Inventor	Alexander Gaiger
Art Unit	1644
Examiner Name	Ronald B. Schwadron
Attorney Docket No.	210121.465C3

	ENCLOSU	JRES (check all tha	at apply	<i>(</i>)				
Fee Transmittal Form Fee Attached Amendment/Respon After Final Affidavits/declars Extension of Time R Express Abandonment Request Information Disclosu Statement; Form PT Cited References Certified Copy of Prindocument(s) Response to Missing under 37 CFR 1.52 of Response to Missing Parts/Incomplete Ap	m Dra Rec Rec Rec Ret Ret Rec	awing(s) quest for Corrected F ceipt ensing-related Paper tition tition to Convert to a ovisional Application wer of Attorney, vocation, Change of rrespondence Addres claration tement under 37 CFF 3(b) minal Disclaimer quest for Refund to Number CD(s) Landscape Table or	rs SSR	A C A B Ir A T A P S R C	Inter Allowance Communication to TC Inpeal Communication to Iterferences Inpeal Communication to Iterferences Inpeal Communication to Iterferences Inpeal Notice, Brief, Iterply Brief) Iteroprietary Information Itertatus Letter Iteruran Receipt Postcard Iterative Enclosure(s) (please Itertify below):			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
		tellectual Property Law Group PLLC			Customer Number 00500			
Signature	00500							
Printed Name Julie A. Urvater, Ph.D., Patent Agent								
Date Sep	ate September 8, 2005 Reg.		Reg. No).	50,461			
CERTIFICATE OF TRANSMISSION/MAILING hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited vith the United States Postal Service with sufficient postage as first class mail in an envelope ddressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date hown below.								
Signature								
Typed or printed name			Date:					

190			· · · · · · · · · · · · · · · · · · ·			PRESS MAIL		/530944722
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005					mplete if Kno	wn		
			Application N	Application Number 09/6				
			Filing Date	Filing Date		2000		
			First Named	First Named Inventor		Alexander Gaiger		
			Examiner Na	Examiner Name		Ronald B. Schwadron		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1644			
TOTAL AMOUNT O	F PAYMENT	(\$)1,590	1	Attorney Doo	ket No.	210121.465C3		
METHOD OF PAYN	IENT (check all	that apply)						
X Check Cre	dit Card	Money Orde	r Othe	r (please identify	/):			
Deposit Account	_	ccount Numb	_	Deposit Accou	-	Seed IP Law	Group F	LLC
	•			hereby authorize			-	
_	e(s) indicated b			☐ Charge fee(s	•	• •	• •	e filing fee
= -	y additional fee		payments	= -	•	nents or credit		_
	nder 37 CFR 1		,	g,			·, - ·	,
Warning: Information information and author	on this form may	become publi	c. Credit card i	information should	not be inclu	ided on this forr	n. Provid	de credit card
FEE CALCULATIO								
1. BASIC FILING,	SEARCH, AND	EXAMINAT	ION FEES					
	FILING	CH FEES	_	INATION EES				
	Small Entity		Small Entity		<u>Small</u> <u>Entity</u>			
Application Type	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fe</u>	<u>es Paid (\$)</u>
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM	FFFS		_	-		_		Small En
Fee Description						<u> </u>	Fee (\$)	<u>Fee (\$</u>
Each claim over 20 (ii	ŭ	•					50	25
Each independent cla	•	ding Reissues	S)				200	100
Multiple dependent cl	aims						360	180
Total Claims	Extra Cla	<u>ims</u>	Fee (\$)	<u>Fee Paid (</u>	Fee Paid (\$)		Multiple Deper	
<u>7</u> -20 or HP	' = <u>0</u>	Χ		=		<u>Fee (\$)</u>	1	Fee Paid (\$
HP = highest number	er of total claim	s paid for, if ç	reater than 2	0				
Indep. Claims	Extra Cla	ims	Fee (\$)	Fee Paid ((\$)			
5 -3 or HP		X		=				
HP = highest numbe	_							
3. APPLICATION S	•	nt ciaims par	u ioi, ii greate	a than 5				
If the specification a under 37 CFR 1.52() thereof. See 35 U.S	nd drawings ex e)) the applicat	tion size fee c	lue is \$250 (\$					
Total Sheets	Extra Shee	ets Nun	nber of each	additional 50 o	r fraction	thereof Fe	e (\$)	Fee Paid
-100 =				up to a whole nu		х		
4. OTHER FEE(S)		_	(,			Fees Paid
Non-English Specific	cation \$130 fo	e (no emall o	ntih/ discount	١		•		r ccs r aid
		•	•	="				**
Other (e.g., late filing	j surcnarge):	rour month	s extension o	r ume				<u>\$1,590</u>
			_ 					
SUBMITTED BY	11.19	1	Rec	gistration No.				
Signature	Chulco (// A/2~	, , , , , , , ,			Talambana	: '206 6'	**1 AOOO
Name (Print/Type)		172100		tomey/Agent)	50,461	Telephone	200-02	22-4900

688678_1.DOC